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APPLICATION FOR BOARD OF PARDON EXPUNGEMENT

Utah Department of Public Safety • Bureau of Criminal Identification 3888 West 5400 South, Taylorsville, Utah 84129

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN BLACK INK. Your application will not be processed unless all sections of this form are filled out completely and accompanied by a \$65.00 application fee.

this form are filled out completely ar	id accompanied by a \$65.00 applica	ation fee.			
NAME:			DATE OF BIRTH		
(Last Name)	(First Name)	(Middle Name)			
PREVIOUSLY USED NAME(S) (Maiden, AKA, etc.)				
MAILING ADDRESS:					
	(Street/Box number)	(City)	(State)	(Zip)	
SOCIAL SECURITY:	DRIVER	LICENSE # AND STATI	E:	/	
Pursuant to Utah Code Ann. § 77-40-106(1)(b), a petitioner who intentionally or knowingly provides false or misleading information to the bureau when applying for a certificate of eligibility is guilty of a class B misdemeanor and subject to prosecution under Section 76-8-504.6. A certification of eligibility or an application for expungement may be denied if the petitioner provides false information. I					
(Name of Petitioner)					
		Executed on:		_(Date)	
(Signature)					
FINGERPRINT INSTRUCTIO signature and date of birth. Confirm provided below. Fingerprint the fou	ID with the information above, the	n list the type of government i	ssued ID used and the II	number in the space	
OFFICIAL TAI		FINGERPRINTS			
Type of identification used: Utah Driving Privilege Cards are not Identification number:	•				
Name on ID:					
Fingerprints taken by:					
Agency Name: (Print N	ame)				
Date Printed:	(If applicable)				
BUREAU USE ONLY AFIS Confirm	ation	-			
SID#					
31D#	K&I				
METHOD OF PAYMENT (Or	ly to be filled out if applicatio	n is mailed in. Check app	ropriate box for payı	ment) \$65.00 FEE	
PRINT NAME as it appears on a	he card:		Zip code: _		
Cardholder signature:		Date:			
Check, Money Order or Cashier's Check (Payable to "Utah Bureau of Criminal Identification" in the amount of \$65.00)					
☐ Credit Card ☐ Visa ☐ Master Card ☐ Discover ☐ American Express					
Credit Card Number * 3 or 4 digit control # Expiration				Expiration Date	